

JJ SUDS Treatment Services

AUTHORIZED LEVEL OF CARE (Individual or Parent Service)	BILLABLE ITEM				APPLICABLE FUNDING		FREQUENCY
	Child Service (Bundled services only)	Procedure Code	Unit	Billable Rate	IDJC	Medicaid Supplemental	Frequency Limits
Alcohol or Drug Assessment	n/a	H0001	15 min.	\$12.40	X		20 units max for regular assessments; 22 units for onsite Detention/Facility assessments; If mileage to the facility is needed, authorize Travel for Professionals. 30 day authorization.
Follow Up Survey Bundle	Parent Code: 90889		Parent Rate: \$30.00		X		Clients with active treatment episodes that have a discharge on or after July 1, 2016. One unsuccessful attempt per day. Four unsuccessful attempts allowed for billing. Cease contact after fourth attempt.
	Follow up 30-day interview completed	90889/FW/HF	1 Survey	\$30.00	X		
	Follow up 30-day attempts unsuccessful	90889/FL	Up to 4 attempts	\$20.00	X		
	Follow up 6-month interview completed	90889/FW/59	1 Survey	\$30.00	X		
	Follow up 6-month attempts unsuccessful	90889/FL/59	Up to 4 attempts	\$20.00	X		
	Follow up 12-month interview completed	90889/FW/HB	1 Survey	\$30.00	X		
	Follow up 12- month attempts unsuccessful	90889/FL/HB	Up to 4 attempts	\$20.00	X		
Level 1.0 Outpatient Bundle	Parent Code: 90847/HZ		Parent Rate: \$7.86		X		No more than 8 hours of treatment per week for adults and no more than 6 hours of treatment per week for adolescents.
	Outpatient (Education)	S9448/TF	15 min.	\$4.14	X		
	OP and IOP (Group)	H0005/HZ	15 min.	\$6.21	X		
	Outpatient (Individual Counseling)	H0004/HZ	15 min.	\$12.40	X		
	Outpatient (Family Therapy)	90847/TF	15 min.	\$14.20	X		
	Outpatient (Family without client present)	90846/59	15 min.	\$14.20	X		

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Level 2.1 Intensive Outpatient Bundle	Parent Code: 90847/TF/HZ		Parent Rate: \$7.86		X		A minimum of 9 hours of treatment per week for adults and a minimum of 6 hours of treatment per week for adolescents.
	Intensive Outpatient (Education)	S9448/HZ/59	15 min.	\$4.14	X		
	OP and IOP (Group)	H0005/HZ	15 min.	\$6.21	X		
	Intensive Outpatient (Individual)	H0004//HZ/59	15 min.	\$12.40	X		
	Intensive Outpatient (Individual with family members)	90847/TF/59	15 min.	\$14.20	X		
	Intensive Outpatient (Family without client present)	90846/59/HF	15 min.	\$14.20	X		
Level 3.1 Adolescent Transitional Housing	n/a	H0043	Day	\$143.33	X	X	Once per day; include day of admission, do not include day of discharge.
Level 3.1 Adult Halfway Housing	n/a	H0018	Day	\$49.61	X	X	Once per day; include day of admission, do not include day of discharge.
Level 3.5 Adult Residential	n/a	H0017	Day	\$176.40	X	X	Once per day; include day of admission, do not include day of discharge.
Level 3.5 Adolescent Residential	n/a	H0017/HA	Day	\$198.45	X	X	Once per day; include day of admission, do not include day of discharge.

JJ SUDS Recovery Support Services

AUTHORIZED LEVEL OF CARE (Individual or Parent Service)	BILLABLE ITEM				APPLICABLE FUNDING		FREQUENCY
	Child Service (Bundled services only)	Procedure Code	Unit	Billable Rate	IDJC	Medicaid Supplemental	Service Limits
Adolescent Safe & Sober Housing	n/a	H0045	1 day	\$75.00	X	X	
Adult Safe & Sober Housing	n/a	H0044	1 day	\$11.50	X	X	
Case Management (Basic and Intensive)	n/a	H0006	15 min.	\$12.40	X		
Child Care	n/a	T1009	15 min.	\$4.04	X	X	Approval by Probation and IDJC on case by case basis.
Drug/Alcohol Testing	n/a	H0003	1 Test	\$13.50	X	X	
Interpreter	n/a	T1013	TBD	Billed Amount	X	X	Approval by Probation and IDJC on case by case basis.
Life Skills Bundle	Parent Code: H2015/HF/U1		Parent Rate: \$6.56		X		
	Life Skills-Client not present (Individual)	HQ2015/HS/HS	15 min.	\$6.56	X		
	Life Skills (Group)	H2015	15 min.	\$3.94	X		
	Life Skills-(Individual)	H2015/HF/U7	15 min.	\$6.56	X		
	Life Skills-Client not present (Group)	HQ2015/HS	15 min.	\$3.94	X		
Recovery Coaching- over 18 yrs. Only	n/a	H0038/59	15 min.	\$10.00	X	X	
Staffing	n/a	H0022	15 min.	\$6.21	X	X	
Transportation Bundle	Parent Code: A0080/U9		Parent Rate: \$1.17		X	X	
	Transportation Pick Up	T2002	Pick-up & 1st Mile	\$4.20	X	X	
	Transportation of Client	A0080	1 mile	\$1.17/mile	X	X	
Transportation Flat Fee	n/a	T2003	1 unit	\$1.00	X	X	Approval by Probation and IDJC on case by case basis.
Travel for Professionals (Frontier Travel)	n/a	S0215	1 mile	\$0.55	X	X	Mileage pre-approved by Probation and IDJC.